







### Criterion 1.1.4 Care outside normal opening hours

Our practice ensures reasonable arrangements for medical care for patients outside our normal opening hours.

#### Indicators

☞ A. There is evidence of one (or a combination) of the following for our patients:

- i) our practice's GP(s) provide(s) their own care for patients outside normal opening hours of the practice either individually or through a roster, or
- ii) formal arrangements for cooperative care outside the normal opening hours of our practice exist through a cooperative of one or more local practices, or
- iii) formal arrangements exist with an accredited medical deputising service, or
- iv) formal arrangements exist with an appropriately accredited local hospital or an after hours facility, in the circumstances where we do not use an accredited medical deputising service or cooperative.

Where a practice is providing care as indicated by A ii, A iii, or A iv, then the documentation of the arrangement must include:

- reference to the timely reporting of the care provided back to the patient's nominated practice, and
- a defined means of access for the deputising practitioner to patient health information and to our practice GP(s) in exceptional circumstances, and
- assessment by our practice that the care outside normal opening hours will be provided by appropriately qualified health professionals (document review).

☞ B. Patient health records contain reports or notes of consultations occurring outside normal opening hours by or on behalf of our practice (health records review).

☞ C. A message on our practice's telephone answering machine, call diversion system or paging system, and a sign visible from outside our practice, provide information to patients on how to obtain care outside our practice's normal opening hours (direct observation).

☞ D. Our practice has a written policy for the provision of medical care outside its normal opening hours (document review).

☞ E. Our practice has used patient feedback to establish whether patients of our practice are aware of our arrangements for medical care outside our practice's normal opening hours (patient feedback).

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Questions to follow.













## 1.3 HEALTH PROMOTION AND PREVENTION OF DISEASE

### Criterion 1.3.1 Health promotion and preventive care

Our practice provides health promotion and illness prevention services that are based on best available evidence.

#### Indicators

- ☞ A. There is evidence that our practice provides information about health promotion and illness prevention to patients (health records review, document review).
- ☞ B. There is a range of posters, leaflets, and brochures about health issues relevant to the community available or on display in the waiting area or consulting areas (direct observation).
- ☞ C. Our GP(s) and staff who provide clinical care can describe how they provide information to patients on issues relating to health promotion and illness prevention, including issues relevant to common patient presentations (interview).
- ☞ D. Our practice uses one or more of the following:
  - flagging of patient health records for opportunistic preventive activities
  - paper or electronic system showing due dates for preventive activities (subject to informed patient consent)
  - paper or electronic reminder system with appropriate informed patient consent (health records review, document review).
- ☞ E. Our practice participates in national/state or territory reminder systems/registers (subject to informed patient consent) (document review).
- ☞ F. Our practice has used patient feedback to establish whether our GP(s) discuss health promotion and illness prevention with patients (patient feedback).

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#### **Review your practice health promotion and illness prevention information and strategies.**

16. How do doctors in your practice provide health promotion and illness prevention information / services to patients?

17. Is health promotion material available in the practice sufficient and appropriate to cover the patients needs and support the clinical relationship?

#### **Your questions / comments:**

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### Criterion 1.5.4 System for follow up of tests and results

Our practice has a system for the follow up and review of tests and results.

#### Indicators

☞ A. Our patient health records contain evidence that pathology results, imaging reports, investigation reports and clinical correspondence received by our practice have been:

- reviewed by a GP
- initialled, and
- where appropriate, acted upon in a timely manner (health records review).

☞ B. Our GP(s) and staff can describe the system by which pathology results, imaging reports, investigation reports, and clinical correspondence received by our practice are:

- reviewed
- signed or initialled (or the electronic equivalent)
- acted on in a timely manner, and
- incorporated into the patient health record (interview).

☞ C. Our practice has a written policy describing the review and management of pathology results, imaging reports, investigation reports and clinical correspondence received by our practice (document review).

☞ D. Our GP(s) and staff can describe how patients are advised of the process for the follow up of results (interview).

☞ E. Our GP(s) and staff can describe the procedure for follow up and recall of patients with clinically significant tests and results (interview).

☞ F. Our practice has a system to recall patients with clinically significant tests and results (document review).

☞ G. Our practice has a written policy to follow up and recall patients with clinically significant tests and results (document review).

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#### **Examine the practice system for review and follow up of investigations and results.**

26. Is this system documented and explicit?

27. Is the system open to audit?

28. Does the system cover responsibilities when referring practitioners are away?

#### **Your questions / comments:**

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## 1.7 CONTENT OF PATIENT HEALTH RECORDS

### Criterion 1.7.1 Patient health records

For each patient we have an individual patient health record containing all clinical information held by our practice relating to that patient.

#### Indicators

☞ A. There is evidence that each patient has an individual patient health record containing all clinical information held by our practice relating to that patient (health records review).

☞ B. Our patient health records are legible (health records review).

☞ C. Our active patient health records include contact and demographic information (where appropriate) including:

- the patient's full name
- date of birth
- gender
- contact details (health records review).

☞ D. Our practice can demonstrate that we are working toward recording the following information in our active patient health records:

- self identified cultural background (eg. Aboriginal and Torres Strait Islander self identification)
- the person that the patient wishes to be contacted in an emergency (interview or health records review).

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#### Review the practice medical records system.

32. What medical records system is used? (Electronic / paper based / hybrid) Please specify name eg RACGP, Medical Director, Plexus, Genie etc.

33. Is the practice progressing towards an electronic or hybrid system?

34. If yes, what do you perceive are the barriers to the implementation of this system?

35. Do the majority of patient records include significant baseline demographic and contact / emergency information?

#### Your questions / comments:

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## 1.7 CONTENT OF PATIENT HEALTH RECORDS

### Criterion 1.7.2 Health summaries

Our practice incorporates health summaries into active patient health records.

#### Indicators

- ☞ A. At least 90% of our active patient health records contain a record of allergies in the health summary (health records review).
- ☞ B. At least 50% of our active patient health records contain a health summary. A satisfactory summary includes, where appropriate:
  - adverse medicines events
  - current medicines list
  - current health problems
  - past health history
  - risk factors
  - immunisations
  - relevant family history
  - relevant social history (health records review).
- ☞ C. Our patient health records show evidence that health summaries are updated to reflect recent important events (health records review).
- ☞ D. If our practice uses both an electronic and paper based system for recording a patient's health summary, our practice can demonstrate how the patient's health information is made accessible (interview).

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#### **Conduct an audit of at least 20 of your active patient records.**

36. Do at least 90% of these records contain a note of allergies?

37. Do at least 50% of these records contain a comprehensive health summary meeting the requirements of Indicator 1.7.2B?

38. What strategies are in place to ensure that health summaries are kept up to date?

(Note: For a definition of active patient records see Glossary in RACGP Standards for General Practices 3<sup>rd</sup> Edition.)

#### **Your questions / comments:**

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## 1.7 CONTENT OF PATIENT HEALTH RECORDS

### Criterion 1.7.3 Consultation notes

Each of our patient health records contains sufficient information about each consultation to allow another doctor to carry on the management of the patient.

#### Indicators

☞ A. Our patient health records document consultations – including consultations outside normal opening hours, home or other visits, telephone or electronic consultations where clinically significant – comprising:

- date of consultation
- patient reason for consultation
- relevant clinical findings
- diagnosis
- recommended management plan and where appropriate expected process of review
- any prescribed medicine (including medicine name, strength, directions for use/dose frequency, number of repeats, and date medicine started/ceased/changed)
- any relevant preventive care undertaken
- documentation of any referral to other health care providers or health services
- any special advice or other instructions
- identification of who conducted the consultation, eg. by initial in the notes, or audit trail in electronic record (health records review).

☞ B Our patient records show evidence that problems raised in previous consultations are followed up (health records review).

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**Review the progress notes of the same 20 records reviewed on the previous page.**

39. Do these records meet the content requirements of Indicator 1.7.3A?

40. Do these records show evidence that problems raised in previous consultations are followed up?

**Your questions / comments:**

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## 2.1 COLLABORATING WITH PATIENTS

### Criterion 2.1.1 Respectful and culturally appropriate care

Our practice provides respectful and culturally appropriate care to patients.

#### Indicators

- ☞ A. Our practice does not discriminate against patients on the basis of their gender, race, disability, Aboriginality, age, sexual preference, beliefs or medical condition (interview).
- ☞ B. Our GP(s) and staff who provide clinical care can describe how they provide care for a patient who refuses a specific treatment, advice or procedure (interview).
- ☞ C. Our GP(s) can describe what they do when a patient informs them that they intend to seek a further clinical opinion (interview).
- ☞ D. Our GP(s) can describe what they do to transfer care to another GP in our practice or in another practice when a patient wants to leave the GP's care (interview).
- ☞ E. Our GP(s) can describe arrangements for managing the transfer of care of a patient whom a GP within our practice no longer wishes to treat (interview).
- ☞ F. Our GP(s) and staff can describe how our practice provides privacy for patients and others in distress (interview).
- ☞ G. Our practice has used patient feedback to establish whether patients of our practice are treated respectfully by our GP(s) and staff (patient feedback).
- ☞ H. Our GP(s) and staff can identify important/significant cultural groups within our practice, and outline the strategies we have to meet their needs (interview).

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#### **Review the practice policies in regard to discrimination and transfer of care.**

41. Have important / significant cultural groups within the practice been identified?
42. Are you satisfied these policies are documented and explicit?
43. Are all practitioners familiar with and in agreement with policies and procedures in relation to:
  - a. Patients seeking a further clinical opinion either from a consultant, another doctor within the practice or in another practice?and
  - b. Patients the doctor no longer wishes to treat?

#### **Your questions / comments:**

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## 3.2 EDUCATION AND TRAINING

### Criterion 3.2.1 General practitioner qualifications

All GPs in our practice are appropriately qualified and trained, have current registration, and participate in continuing professional development.

#### Indicators

☒ A. All of our doctors can provide evidence of current state or territory based medical registration (document review).

☒ B. Our practice demonstrates that all our doctors are recognised GPs, with the exception of other specialists practising within their specialty or trainees undertaking a placement to gain experience in general practice as part of some other specialist training program, OR

Where recruitment of recognised GPs has been unsuccessful, our practice demonstrates that doctors have the qualifications and training necessary to meet the needs of patients (interview, document review).

☒ C. Our practice can provide evidence of satisfactory participation in the RACGP QA&CPD Program by all our GPs, OR

Our practice can provide evidence that our doctors participate in quality improvement and continuing professional development to at least the same standard as the RACGP QA&CPD Program (document review).

D. Our GP(s) have undertaken training in CPR within the past 3 years (document review).

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#### Review the appropriate practice documents.

52. Are current copies of the following documents readily available for each doctor working in the practice?

- a. Medical board registration?
- b. Medical qualifications inc. FRACGP or evidence of vocational registration?
- c. Medical defence?
- d. Professional development activities undertaken?

#### Your questions / comments:

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### Criterion 4.2.2 Information security

The security of patient health information in our practice is maintained.

#### Indicators

- A. Patient health information in our practice is neither stored nor left visible in areas where members of the public have unrestricted access, or where constant staff supervision is not easily provided (interview, direct observation).
- B. Our facsimile machines, printers and other communication devices are only accessible to authorised staff (direct observation).
- C. Our GP(s) and staff can describe how they ensure security of patient health records (interview).
- D. If our practice uses computers to store patient health information, our practice ensures that:
  - our GP(s) and staff have personal passwords to authorise appropriate levels of access to health information
  - screensavers or other automated privacy protection devices are enabled
  - backups of electronic information are performed at a frequency consistent with a documented information disaster recovery plan
  - backups of electronic information are stored in a secure offsite environment
  - antivirus software is installed and updated
  - all internet connected computers have hardware/software firewalls installed (document review).
- E. If our practice uses computers to store personal health information, our practice has an information disaster recovery plan that has been developed, tested and is documented (document review).

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**Where relevant, review the security of the practice computer based or hybrid system for storing patient health information.**

59. Can you outline whether the system has provision for: (please tick)

- a. Personal password for each authorised user?
- b. Screensavers enabled?
- c. Backup system meets guidelines?
- d. Current antivirus software installed (where necessary)?
- e. Internet connected computers have firewalls?

**Your questions / comments:**

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### Criterion 5.1.1 Practice facilities

Our practice facilities are appropriate for a safe and effective working environment for patients, staff and GPs.

#### Indicators

☞ A. Our practice has at least one dedicated consulting/examination room for every GP working in our practice at any time (interview, direct observation).

☞ B. Each of our consultation rooms (which may include an attached examination room/area):

- is free from excessive extraneous noise
- has adequate lighting
- has an examination couch
- is maintained at a comfortable ambient temperature
- has facilities to protect patient privacy when patients need to undress for a clinical examination (provision of an adequate curtain or screen, and gown or sheet) (direct observation).

☞ C. Our practice has a waiting area sufficient to accommodate the usual number of patients and other people who would be waiting at any time (direct observation).

D. Our practice waiting area caters for the specific needs of children (direct observation).

☞ E. Our practice has toilets and hand cleaning facilities readily available for use by patients and staff (direct observation).

F. Where appropriate, our practice has heating and/or air conditioning (direct observation).

☞ G. Our practice has a telephone system with sufficient inward and outward call capacity (staff interview, direct observation).

☞ H. Our practice has the capability for electronic communication by facsimile or email (direct observation).

☞ I. Prescription pads, letterhead, administrative records and other official documents stored in our practice are accessible only to authorised persons (direct observation).

☞ J. Our practice can demonstrate that we ensure there is no smoking in our practice (interview, document review, direct observation).

☞ K. Our practice has used patient feedback to establish whether patients of our practice find it is easy to contact our practice by telephone (patient feedback).

☞ L. Our practice has used patient feedback to establish whether patients of our practice are satisfied with facilities in our consultation area(s) (patient feedback).

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Questions to follow.









Criterion 5.2.2 Doctor's bag

Our practice ensures that each GP has access to a doctor's bag.

**Indicators**

- ☞ A. Each of our GP(s) has access to a doctor's bag (interview, direct observation).
- ☞ B. When in use, our doctor's bag(s) contains:
  - auriscope
  - disposable gloves
  - equipment for maintaining an airway in both adults and children
  - in-date medicines for medical emergencies
  - ophthalmoscope
  - practice stationery (including prescription pads and letterhead)
  - sharps container
  - sphygmomanometer
  - stethoscope
  - syringes and needles in a range of sizes
  - thermometer
  - torch (direct observation).

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**Review your or the practice doctor's bag.**

68. Are you satisfied that all doctors in the practice have access to a doctor's bag?

69. Does each doctor's bag meet the content requirements of Indicator 5.2.2B and individual needs of doctors given the practice circumstances?

70. Is/Are the doctor's bag(s) regularly checked?

**Your questions / comments:**

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### Criterion 5.3.4 Infection control

Our practice manages the risk of cross infection in accordance with the current edition of the RACGP *Sterilisation/disinfection guidelines for general practice*.

#### Indicators

☞ A. Our GP(s) and staff can describe how our practice ensures that, where necessary, sterile equipment is used in clinical procedures (interview).

☞ B. Our GP(s) or staff members with designated responsibility can describe in detail how the use of sterile equipment is assured, including where relevant:

- provision of an adequate range of disposable equipment
- procedures for having instruments sterilised off-site
- procedures for on-site sterilisation of equipment
- monitoring the integrity and validation of the whole sterilisation process and steriliser maintenance
- procedures for safe storage and stock rotation, and
- education and training of staff involved (interview).

☞ C. Our GP(s) and staff can describe how risks of potential cross infection are managed within our practice, including procedures for:

- hand hygiene
- managing a sharps injury
- safe storage and disposal of clinical waste including sharps
- managing blood and body fluid spills
- monitoring ongoing adherence to these processes (interview).

☞ D. Our GP(s) and staff can describe:

- the routine used by our practice for cleaning, disinfecting and decontaminating the clinical and non-clinical areas of our practice
- standard precautions
- additional precautions (interview).

☞ E. Our practice has a written policy that outlines our practice's infection control procedures (document review).

☞ F. Subject to their informed consent, the immunisation status of our staff is known and staff members are offered immunisation appropriate to their duties (document review, interview).

☞ G. The induction of new staff to our practice ensures they are familiar with standard precautions against infection and other issues appropriate to their duties (document review, interview).

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Questions to follow.

